

State of West Virginia  
Division of Natural Resources

**Class Q Special Hunting/Fishing Permit  
Application for Persons Disabled in Lower Extremities**

This form must be completed by a Licensed Physician ONLY

I certify that \_\_\_\_\_ of \_\_\_\_\_,  
(Name) (Street, PO Box, or Route)  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ according to WV 58CSR46 is:  
(City) (State) (Zip)

“permanently disabled from the waist down and is unable to ambulate without the full-time use of a walker, two crutches or a wheelchair.”

***Please note: Applicant MUST meet the criteria listed above.***

Medical or DO License Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**I understand that furnishing false information for any license or permit may subject me to penalties provided in the West Virginia Code Chapter 20 (20-7-9) and I certify that the applicant meets the criteria indicated above.**

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Holders of a Class Q Permit may possess a loaded firearm to hunt from a motor vehicle under the following conditions:

- (a) The motor vehicle is stationary;
- (b) The engine of the motor vehicle is not operating;
- (c) The permittee is the only occupant of the vehicle;
- (d) The vehicle is not parked on the right-of-way of any public road.

**Must be accompanied by a valid license/stamps, when applicable.**

**WEST VIRGINIA DIVISION OF NATURAL RESOURCES**  
**DISABILITY MEDICAL EVALUATION**

PLEASE PRINT OR STAMP CLEARLY

**PHYSICIAN'S NAME:** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**PHONE NUMBER: AREA CODE** \_\_\_\_\_ **NUMBER** \_\_\_\_\_

**PATIENT'S NAME:** \_\_\_\_\_

**DATE OF PATIENT DIAGNOSIS:** \_\_\_\_\_

1. I understand that as stated in Legislative Rule 58CSR46 paragraph 2.9, as it relates to hunting, fishing and trapping, "An Individual Permanently Disabled in the Lower Extremities", means an individual who is permanently and totally disabled from the waist down and is termed a paraplegic or quadriplegic, with paralysis or a physical condition of the lower half of the body with the involvement of both legs, usually due to disease or injury to the spinal cord; a person who is a single or double amputee of the legs; or a person with any other physical affliction in the lower half of the body which makes it impossible to ambulate successfully without the full-time use of a walker (standard or front-wheeled), two crutches (standard or forearm) or a wheelchair.

YES \_\_\_\_\_ NO \_\_\_\_\_

2. How severe or substantial is this functional limitation?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. In your opinion, does the impairment prevent the person from carrying out essential functions associated with hunting, fishing, or trapping?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

4. Has the patient been prescribed any of the following ambulatory device(s)? If so to what extent is the patient required to use the device(s): Full-time/part-time/only under certain conditions. Explain below:

Wheelchair: \_\_\_\_\_

Canes: \_\_\_\_\_ State # of canes \_\_\_\_\_

Walker: \_\_\_\_\_

Crutches: \_\_\_\_\_ State # of Crutches \_\_\_\_\_

Other: \_\_\_\_\_

5. If applicable: Does the patient's impairment prevent him/her from handling a firearm or bow and arrow without the aid of adaptive equipment? (i.e. involuntary muscle spasms, loss of strength in arms, range of motion, etc.)

YES \_\_\_\_\_

NO \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

**I certify that the patient whose name appears on this application is currently under my care and has the impairment stated.**

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

Physician License # \_\_\_\_\_

*\*\*\*The Class Q Permit does not exempt the individual from obtaining the required Hunting, Fishing, or Trapping Licenses.\*\*\**

(Because of the information provided on this form, the DNR encourages the applicant to seal this information in a envelope and mail to the following address)

RETURN APPLICATION TO:

WV DIV. OF NATURAL RESOURCES  
LAW ENFORCEMENT SECTION  
CAPITOL COMPLEX BUILDING 3  
CHARLESTON, WV 25305